

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

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E-Mail: medbd@dch.ga.gov

FORM I VERIFICATION OF LICENSURE FORM For Physician's Assistants Seeking Licensure in the State of Georgia

Please complete the top section of this form and mail it to all state boards by whom you are/have been licensed as a Physician's Assistant, regardless of the status of your license in that state. You may copy or download as many copies of this form as needed.

I am applying for licensure as a Physician's Assistant with the *Composite State Board of Medical Examiners* (CSBME). The CSBME requires that this form be completed in order for the undersigned to be considered for licensure in Georgia. By signing this form I give my consent to release any information, favorable or otherwise, for its review, in considering my application for a physician's assistant license. Please forward to the Georgia Medical Board as soon as possible.

License Number _____ was issued by your State Board on _____

Examination _____ Other _____

Signature Print or Type Full Name

Address City State Zip Code

THIS SECTION TO BE COMPLETED BY ENDORSING STATE BOARD

Physician's Assistant License/Certificate Number _____ to practice as a

physician's Assistant in the State of _____ was issued to

_____ on _____
(Name of License Holder) (Date Issued)

Has any disciplinary action ever been taken against the above Physician's Assistant including but not limited to suspension or revocation? ____ Yes ____ No. If yes, please furnish details (use additional page if necessary).

Signed: _____ Title: _____

Date: _____ State Board Name: _____

(Board Seal)

RETURN FORM TO: COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
Attention: Physician's Assistant Unit
2 Peachtree Street, N.W., 36th Floor
Atlanta, Georgia 30303
Telephone: (404) 656-3913